

 TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/524,326
		Filing Date	March 13, 2000
		First Named Inventor	Morris
		Art Unit	2662
		Examiner Name	H.N. Nguyen
		Attorney Docket Number	15897US01
Total Number of Pages in This Submission		13	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Copy of Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	April 8, 2005		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 8, 2005.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	April 8, 2005

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/524,326
		Filing Date	March 13, 2000
		First Named Inventor	Morris
		Examiner Name	H.N. Nguyen
		Art Unit	2662
TOTAL AMOUNT OF PAYMENT (\$) 790		Attorney Docket No.	15897US01

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 13-0017
 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s)
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims
 -20 or HP x = Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)
 -3 or HP x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>Req. for Cont. Exam. fee</u>	790

SUBMITTED BY

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	<u>44,636</u>	Telephone	<u>(312)775-8000</u>
Name (print/type)	<u>Michael T. Cruz</u>	Date	<u>April 8, 2005</u>		